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IMPORTANT NOTICE TELECOPY/FACSIMILE COVER LETTER

TO: U.S. Patent and Trademark Office
Examiner: Tsuneo MISHIMA et al.
Art Unit: 2817

DATE: September 6, 2005

FROM: Lawrence J. McClure

TIME: _____

TOTAL NO. OF PAGES, INCLUDING COVER: 18

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MESSAGE:

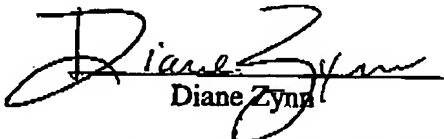
Patent Application No.: 10/670,752; Our Ref. 81872.0054

I hereby certify that the following documents:

- ☒ Amendment
- ☒ Amendment Transmittal Letter
- ☒ Petition for Extension of Time (two months)

are being facsimile transmitted to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, for filing in the above application.

September 6, 2005
Date of Deposit


Diane Zynn

TELECOPY/FAX NUMBER: (571) 273-8300 ART UNIT 2817

CLIENT NUMBER: 81872.0054

ATTORNEY BILLING NUMBER: 1966

CONFIRMATION NUMBER: (return fax to Diane Zynn)

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FORM PTO-1083

Attorney Docket No. 81872.0054
Patent Application No. 10/670,752

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Tsuneo MISHIMA, et al.

Serial No: 10/670,752

Confirmation No.: 2811

Filed: September 25, 2003

For: VARIABLE CAPACITANCE CIRCUIT, VARIABLE
CAPACITANCE THIN FILM CAPACITOR AND RADIO
FREQUENCY DEVICE

Art Unit: 2817

Examiner: S. Ham

I hereby certify that this correspondence
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September 6, 2005

Date of Deposit

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Signature

9/6/05
Date

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Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

☒ No additional fee is required.

SEP 06 2005

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	31	-	31	0	LG=\$50 SM=\$25	\$ 0
INDEPENDENT CLAIMS FEE	4	-	4	0	LG=\$200 SM=\$100	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180	\$ 0
ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER)				\$250 FOR EACH ADDITIONAL 50 SHEETS		\$ 0
Independent Claims: 1, 8, 30, 31						TOTAL \$ 0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

☐ Please charge the fee of \$ for the additional claim fees to Deposit Account No. 50-1314. A copy of this sheet is enclosed.

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☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is enclosed.

☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims

☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
HOGAN & HARTSON, L.P.

By:

Lawrence J. McClure
Registration No. 44,228
Attorney for Applicant(s)

Date: September 6, 2005

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Telephone: 213 337-6700
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Attorney Docket No. 81872.0054
Patent Application No. 10/670,752

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9/6/05

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Independent Claims: 1, 8, 30, 31					TOTAL	\$ 0

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